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こ/ Effective on 12/08/2004.				espond to a collection of information unless it displays a valid OMB control number Complete if Known					
Feesbursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Numb	ber 09	09/886,146				
FEE TRANSMITTAL [Filing Date	6/	6/20/2001			
For FY 2005				First Named Inve	entor Jo	hn E. Brez	ak		
A !! mt alaima ama	II Lite y atation	0 07 OFD 4 07	\dashv	Examiner Name	KI	Klinger, Scott M.			
Applicant claims sma	Il entity status.	See 37 CFR 1.27	—[Art Unit	21	153			
TOTAL AMOUNT OF PAY	/MENT (\$)	180.00	[Attorney Docket	No. M	S1 -886US			
METHOD OF PAYMEN	NT (check all	that apply)							
Check Credit	Card M	Money Order	Non	e Other (pl	lease identi			-	
Deposit Account				Deposit Acc		·	Hayes, PLLO	<u> </u>	
For the above-iden	tified deposit a	account, the Director	r is here	eby authorized to:	(check all	that apply)	ı		
✓ Charge fee(s	s) indicated bel	low		Charge	e fee(s) inc	dicated belo	ow, except f	or the filing	fee
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WARNING: Information on th		come public. Credit c	ard info		•	•	orm. Provide	credit card	
information and authorization	n on PTO-2038.	-							
FEE CALCULATION									
1. BASIC FILING, SEA	RCH, AND E			011 5550	-V A BAIR	'ATION E			
	Sı	ーヒとう : mall Entity	SEAK	CH FEES Small Entity	EXAMI	NATION F <u>Small En</u>	tity		
Application Type	Fee (\$)		Fee (\$)		Fee (\$)	Fee (\$) .	Fees Paid (<u>\$)</u>
Utility	300		500	250	200	100	0	.00	
Design	200	100	100	50	130	65	_		
Plant	200	100	300	150	160	80	_		_
Reissue	300	150	500	250	600	300	_		_
Provisional	200	100	0	0 .	0	0			_
2. EXCESS CLAIM FE	ES						1		II Entity
Fee Description Each claim over 20 or, f	for Reissues.	each claim over 2	20 and	more than in th	e origina	l natent		<u>Fee (\$)</u> <u>F∈</u> 50	ee (\$) 25
Each independent claim	=				_	•	nal patent		100
Multiple dependent clair		,	•						180
Total Claims	Extra Claims		Fee F	Paid (\$)		Dependen			
20 or HP = HP = highest number of total	d claims paid for.	x 50 =			Fee (<u>\$)</u>	Fee Paid (\$	<u>.)</u>	ļ
	Extra Claims		Fee F	Paid (\$)				_	ļ
- 3 or HP = HP = highest number of inde	nendent claims	x 200 =							ļ
3. APPLICATION SIZE		Jaid IOI, II greater thair	3						
If the specification and		xceed 100 sheets	of par	per, the applicati	ion size f	ee due is S	\$250 (\$125	for small	entity)
for each additional	I 50 sheets or	fraction thereof.	See 3	35 U.S.C. 41(a)(1)(G) an	d 37 CFR	1.16(s).	10. 0	,
<u>Total Sheets</u>	Extra Shee	ts <u>Number o</u>	of eacl	<u>h additional 50 or</u>	r fraction	thereof	Fee (\$)	Fee Paid	<u>d (\$)</u>
		/ 50 =		_ (round up to a w	hole numl	ber) x			
4. OTHER FEE(S)								Fees Pa	<u>aid (\$)</u>
Non-English Specif			-	discount)					
Other: Information Di	sclosure State	ment; PTO Form 14	149					180.00	

SUBMITTED BY Registration No. Telephone (509) 324-9256 Signature (Attorney/Agent) Date 1-10-05 Name (Print/Type) David S. Thompson

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TED STATES PATENT AND TRADEMARK OFFICE

Application Serial No	
Filing Date	
Confirmation No	
Inventorship	John E. Brezak
Applicant	
Group Art Unit	
Examiner	Klinger, Scott M
Attorney's Docket No	
Title: Methods And Systems For Controlling	
Authentication Credentials	<u> </u>

INFORMATION DISCLOSURE STATEMENT

References -- See Attached Form PTO-1449

To: Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

From: David S. Thompson (Tel. 509-324-9256; Fax 509-323-8979)

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Spokane, WA 99201

The attached form PTO-1449 is submitted in compliance with Applicant's duty of disclosure under 37 CFR §1.56. The Examiner is requested to make these citations of official record in this application.

The Commissioner is hereby authorized to charge payment of fees or credit overpayments to Deposit Account No. 12-0769 as set forth in 37 CFR §1.17(p).

Dated: 1-10-65 By: David S. Thompson 01/13/2005 MBIZUNES 00000073 120769 Reg. No. 37954

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PTC	D/SB/0	8B	(04-03)
/31/2002.	OMB	065	1-0031

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			JAN 1 0 2005 E	Application Number	09/886,146	
INFO	RMATIO	N DISC	L OSURE S		6/20/2001	
STA	TEMENT	BY AP	PLICANT	First Named Inventor	John E. Brezak	
				Group Art Unit	2153	
	(use as many sh	eets as nec	essary)	Examiner Name	Klinger, Scott M.	
Sheet	1	of	1	Attorney Docket Number	MS1-886US	

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials*	Cite ₁ No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s),	T ²
		publisher, city and/or country where published. Deitel et al.; Java How to Program book, Prentice Hall, Third edition, 1999 (additional cited pages, 214-226, 817-838) Note: For other pages refer to previously provided from PTO-892, paper number 6, dated 2/2/2004.	
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Examiner	Date	
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